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Bib Data Sheet

CONFIRMATION NO. 1398

|                                    |  |                     |  |  |
|------------------------------------|--|---------------------|--|--|
| <b>SERIAL NUMBER</b><br>10/071,853 | <b>FILING DATE</b><br>.02/08/2002<br><b>RULE</b> | <b>CLASS</b><br>382 | <b>GROUP ART UNIT</b><br><del>2621</del><br>2625 | <b>ATTORNEY DOCKET NO.</b><br>70840/56,965 |
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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
JAPAN 2001-034691 02/09/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/06/2002**

|  |                           |                      |                    |                         |
|--|---------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>JAPAN | SHEETS DRAWING<br>14 | TOTAL CLAIMS<br>16 | INDEPENDENT CLAIMS<br>4 |
|--|---------------------------|----------------------|--------------------|-------------------------|

Verified and Acknowledged  
Examiner's Signature: *MS* Initials: *MS*

**ADDRESS**  
21874

**TITLE**  
Imaging systems, program used for controlling image data in same system, method for correcting distortion of captured image in same system, and recording medium storing procedures for same method

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>954 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
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